CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1.Qualifying Name and Address of Candidate	2. Office Sought (Include title of office as	OFFICE USE ONLY
	well as natish city town and/or election	· ·
LENDEL PETE BABINEAU	CTY DE RAYNE	11/4
20 34 759	ALDERDAN ATZANOE	
P.O. TO SERNAPA	ACADIA PARICA	Jups = S
P.O. 302759 709E. BERNARD RAYNELA	district.) CITY OF RAYNE ALDERMAN ATLANDE ACADIA PARICH RAYNE LA 705 76	2/11
3. Date of Primary NOV + 28	14	
This report covers from	through	
4. Type of Report:		
180th day prior to primary	40th day after general	
90th day prior to primary	Annual (future election)	
30th day prior to primary	Supplemental (past election)	
10th day prior to primary		
10th day prior to general	Amendment to prior report	
5. FINAL REPORT if:		
	fter the election AND all loans and debts paid	
	o surplus funds remaining	
Unopposed		
6. Name and Address of Financial Institution (You are required by law to use one or more	7. Full Name, and Address of Treasurer	
banks, savings and loan associations, or money market mutual fund as the depository of all	ELIZABETH KAY BABINEA)	
campaign funds.) BANK OF Commerce	P.O. BOX 159	
BANK OF COMMERCE P. O. BOX 246	P.O. BOX 759 RAYNE LA 70578	·
CPOWLEY LA 70539	•	
9. Name of Person Preparing Report LENDE		
Daytime Telephone 337 334	7459	
10. WE HEREBY CERTIFY that the information schedules is true and correct to the best of our knexpenditures have been made nor contributions red that no information required to be reported by the Lobeen deliberately omitted.	nowledge, information and belief, and that no ceived that have not been reported herein, and	8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).
Thisday of	2015	
Signature of Candidate/Chairperson (To be signed by Chairperson only it report by	337-334-7459 Daytime Telephone	S. C.
principal campaign committee) Light Hay Salu Signature of Treasurer Form 102, Rev. 11/14	Daytime Telephone	

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	0
2. In-kind Contributions (Schedule A-2)	
3. Campaign paraphernalia sales of \$25 or less	
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 +3)	
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	0

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	
10. Other Disbursements (Schedule E-2)	
11. Loan Repayments Made (Schedule B)	
12. Funds Loaned (Schedule D)	
13. TOTAL DISBURSEMENTS (Lines 9 + 10 + 11 + 12)	

FINANCIAL SUMMARY	Amount
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	0
15. Plus total receipts this period (Line 8 above)	
16. Less total disbursements this period (Line 13 above)	
17. Less in-kind contributions (Line 2 above)	
18. Funds on hand at close of reporting period (Lines 14+15-16-17)	0

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X SCHEDULE B: LOANS	RECEIVED
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The following information must be provided for each loan or line of credit received this reporting period, even if it has been repaid. Also, complete this schedule for loans received in prior periods that are still outstanding. Separate loans must be reported separately, even if from the same source. Any personal funds a candidate loans to his campaign must be reported on this schedule.

Name and address of lender	2. a. Date*	b. Interest rate	%(a.p.r.)		
SELF	c. Amount borrowed*	· · · · · · · · · · · · · · · · · · ·	. \$		
SELT LENDEN PER BARINSAN	d. Balance due	,	. \$		
Line	*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c. OPTIONAL: Total amount of credit available \$				
3. Endorsers/Guarantors	4. Repayments this period				
	Date	Principal [Interest		
	all Joans	program			
	•	·			
			·		
(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)	(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)				
Name and address of lender	2. a. Date* b. Interest rate%(a.p.r.)				
	c. Amount borrowed*		. \$		
	d. Balance due				
	*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c. OPTIONAL: Total amount of credit available \$				
3. Endorsers/Guarantors	4. Repayments this period Date	d Principal	Interest		
	,				
			•		
(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)	it. List all payments under principal.)				
Form 102, Rev. 11/14					